

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000098785

**Entity Name:** QUEST PUBLIC INSURANCE ADJUSTERS, LLC

**Current Principal Place of Business:**

15137 79TH TER. N  
WEST PALM BEACH, FL 33418

**Current Mailing Address:**

15137 79TH TER. N  
WEST PALM BEACH, FL 33418 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ALVARADO, JOHN A  
Address 15137 79TH TER. N  
City-State-Zip: WEST PALM BEACH FL 33418

Title OFFICE MANAGER  
Name LAKSA, ERIKA OFFICE MANAGER  
Address 15137 79TH TER. N  
City-State-Zip: WEST PALM BEACH FL 33418

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN ALVARADO

**MANAGING MEMBER**

**04/22/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date